

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015642

FILED
Jan 20, 2005
Secretary of State

Entity Name: CONNECT 3 COMMUNICATIONS, LLC

Current Principal Place of Business:

2612 NW 31ST TERRACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

2612 NW 31ST TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 20-0804732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORTHCUTT, LAURA J
2612 NW 31ST TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NORTHCUTT, LAURA J
Address: 2612 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: NORTHCUTT, WILLIAM K
Address: 2612 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM (X) Delete
Name: DENNIS, JASON N
Address: 1958 BATON ROUGE CT.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DENNIS, JASON N
Address: 2612 NW 31 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA J. NORTHCUTT

MGRM

01/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date